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Bib Data Sheet

CONFIRMATION NO. 8927

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/534,837 | <b>FILING OR 371(c)<br/>DATE</b><br>07/22/2005<br><b>RULE</b> | <b>CLASS</b><br>297 | <b>GROUP ART UNIT</b><br>3636 | <b>ATTORNEY<br/>DOCKET NO.</b><br>2619-0038WOUS |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/10719 09/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|  |  |                                |                              |                                    |
|--|--|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWING</b><br>2 | <b>TOTAL<br/>CLAIMS</b><br>7 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                                |                              |                                    |
| Verified and Acknowledged  | Examiner's Signature                   | Initials                       |                              |                                    |

**ADDRESS**

35301

**TITLE**

Headrest for a patient-bearing surface

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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